

**CHILDREN, YOUTH, AND FAMILIES DEPARTMENT / LICENSING AND CERTIFICATION AUTHORITY**  
**Certification Report**

Name of Agency Sequoiah Adolescent Treatment Center

Address of Agency 3405 W. Pan American Flwy NE Albuquerque, NM 87107

Date of Survey August 27-31, 2012

Service: BMS CCSS DTS GHS TFC R/S/P/RIE

REFERENCE TO REGULATIONS	DEFICIENCY	DIRECTED ACTION	EXPECTED DATE OF COMPLETION
7.20.11.23.1 (1)-(3)	① Client Discharges Non-emergency discharge occurs in accordance with the client's discharge plan unless precipitated by a client's or guardian refusal to consent to further treatment.	Sequoiah ARTC will not discharge any client unless the client is in need of medical treatment such as for an injury or medical illness until further notice from the LCA.	
7.20.11.23.1 (1)-(3)	Emergency Discharge: The agency provides at a minimum procedural due process including written notice to the family/legal guardian and provision to stop the discharge action.		
7.20.11.20.1 (1-4)	② Restraint or Seclusion: When problems (or potential problems) are identified, the facility acts as soon as possible to avoid risks to clients by taking corrective steps.	Sequoiah ARTC will ensure that if current practice is dictating that only a Psychiatrist may order Restraint or Seclusion on site, then Sequoiah ARTC will have a Psychiatrist physically present at the facility 24 hours per day for the period of August 30, 2012 through September 4, 2012. If Sequoiah ARTC does not provide 24-hour Psychiatrist coverage, then Sequoiah ARTC will reinstitute its previous practice of allowing psychologists to order Restraint and Seclusion. In Emergency safety situations, Sequoiah ARTC will ensure that direct care staff have the authority to act to protect any client from imminent	
7.20.11.24.1 (3)	Residential treatment services are provided through a treatment team approach and the roles responsibilities and leadership are clearly defined. Restraint and seclusion... are used in Emergency circumstances to ensure the immediate physical safety of the client, other clients, staff members or others, and when less restrictive interventions have been determined to be ineffective.		

**\*\*Verification of correction needs to be submitted on or before the completion date directed to the Agency Liaison\*\***

Signature of Owner/Operator/Administrator  
Angela West  
 Liaison

Date 8/30/12

Date 8/30/12

(505) 350-1399  
 Phone Number

Additional Report to Follow:  
 Yes ☒ No ☐ (Circle One)

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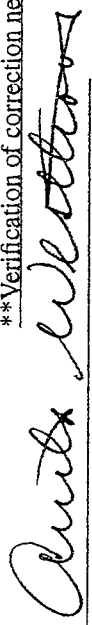
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**CHILDREN, YOUTH, AND FAMILIES DEPARTMENT / LICENSING AND CERTIFICATION AUTHORITY**  
**Certification Report**

Name of Agency Sequoiah Adolescent Treatment Center Date of Survey August 27-31, 2012  
 Address of Agency 3405 W. Pan American Fwy NE Auburn, NM 87107 Service: BMS CCSS DTS GHS TFC RTE PRTE

REFERENCE TO REGULATIONS	DEFICIENCY	DIRECTED ACTION	EXPECTED DATE OF COMPLETION
7.20.11.25.A 7.20.11.25.D 7.20.11.25.H 7.20.11.25.I 7.20.11.25.K 7.20.11.22.B (1), (2)	<p>③ MEDICATION ERRORS: The agency establishes and follows RFP governing the storage, handling, use, administration and disposal of all medications that are consistent with applicable laws, regulations, and accepted professional practices.</p> <p>④ Personnel in all respects qualified to perform the functions for which they are responsible.</p>	<p>(CONTINUED) harm to self or others. Sequoyah ARTE will submit in writing its intention related to this Directed Item to the LCA by 8:30 a.m. on Friday August 31, 2012.</p> <p>Sequoiah ARTE will complete a 100% medical records audit of each client's current medications and provide documentation of this audit to the LCA before 2:00 p.m. on August 31, 2012.</p> <p>Sequoiah ARTE will provide to the LCA by 2:00 p.m. on August 31, 2012, a staffing schedule for all units covering the period August 30, 2012 through September 4, 2012. Included in this staffing schedule will be a designated on-call clinician for after-hours and through September 4, 2012 (through the holiday weekend).</p>	

\*\*Verification of correction needs to be submitted on or before the completion date directed to the Agency Liaison\*\*

  
 Signature of Owner/Operator/Administrator  
 Date 8/30/12 Phone Number 505-350-1399  
 Date 8/30/12 Phone Number \_\_\_\_\_  
 Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional Report to Follow:  
 Yes ☒ No ☐ (Circle One)

# CHILDREN, YOUTH, AND FAMILIES DEPARTMENT / LICENSING AND CERTIFICATION AUTHORITY

## Certification Report

Name of Agency Sequoia Adolescent Treatment Center Date of Survey August 27-September 5, 2012  
 Address of Agency 3405 W. PAN AMERICAN Freeway NE ALBUQU, NM 87107 Service: BMS CCSS DTS GHS TFC RTS RTS

REFERENCE TO REGULATIONS	DEFICIENCY	DIRECTED ACTION	EXPECTED DATE OF COMPLETION
7.20.11.23.H (2)(a)(b)	<u>Client discharges</u> In the event of a proposed <u>emergency</u> discharge, the agency provides, at a minimum, procedural due process including written notice to the family/legal guardian, guardian ad litem, and department, if applicable, and provision to stop the discharge action until the parent/legal guardian, guardian ad litem and/or the department exhausts any other legal remedy they wish to pursue. The agency documents the following in the client record: (a) provision for participation of the parent/legal guardian, and guardian ad litem in the discharge process, whenever possible; and (b) arrangement for a conference to be held including all interested persons or parties to discuss the proposed discharge whenever possible.	① Sequoyia ARTE will not discharge any client unless the facility demonstrates full compliance w/ALL REGULATIONS RELATED TO EMERGENCY & NON-EMERGENCY DISCHARGES AS DOCUMENTED IN THE CLIENT'S RECORD ACCORDING TO ALL DEFINED ACTIONS IN 7.20.11.23.G.H+I	IMMEDIATELY
7.20.11.23.H	<u>Non-emergency discharge occurs in accordance with the client's discharge plan unless precipitated by a client or guardians refusal to consent to further treatment</u>	② Sequoyia ARTE will submit TO LCA REVISED FLPs that DEMONSTRATE STEP-BY-STEP COMPLIANCE w/ DISCHARGE-RELATED REGULATIONS IN 7.20.11.23.G.H+I NO LATER THAN FRIDAY, SEPTEMBER 14 <sup>TH</sup> @ 12:00 PM. FLPs will define WHAT SPECIFIC FACILITY POSITION WILL BE MADE FULLY RESPONSIBLE FOR ENSURING FULL COMPLIANCE FOR EACH ACTION.	9/14/12

Verification of correction needs to be submitted on or before the completion date directed to the Agency Liaison\*\*

Antonia [Signature] 9/5/12  
 Signature of Owner/Operator/Administrator Date  
[Signature] 9/5/12  
 Liaison Date

Additional Report to Follow:  
 Yes ☒ No ☐ (Circle One)

Phone Number

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CHILDREN, YOUTH, AND FAMILIES DEPARTMENT / LICENSING AND CERTIFICATION AUTHORITY  
Certification Report

Name of Agency Sequoia Adolescent Treatment Center Date of Survey August 27-September 5, 2012  
Address of Agency 3405 W. PAN American Hwy NE, Auburn 97107 Service: BMS CCSS DTS GHS TFC RTS RTS

REFERENCE TO REGULATIONS	DEFICIENCY	DIRECTED ACTION	EXPECTED DATE OF COMPLETION
7.20.11.25A	The agency establishes and follows policies and procedures governing the storage, handling, use, administration and disposal of all medications that are consistent with applicable laws, regulations, and accepted professional practices.	③ SEQUOIA ADMINISTRATION WILL CONVEENE A MULTI-DISCIPLINARY TEAM INCLUDING THE MEDICAL DIRECTOR, ITS PSYCHIATRIC NURSES, AND CLINICIANS TO DEVELOP REVISED & DETAILED POLICIES & PROCEDURES THAT OPERALIZE Full compliance w/ 7.20.11.25A, IOK. REVISED P-P WILL INCLUDE A DEFINED STAFF POSITION FULLY RESPONSIBLE FOR ENACTING & ENSURING FULL COMPLIANCE THROUGH MONTHLY INTERNAL, DOCUMENTED MONITORING w/ IMMEDIATE CORRECTIVE ACTIONS IF ANY AREA of Non-Compliance IS IDENTIFIED.	
7.20.11.25.F	Medication monitoring may include input from various disciplines and the client and family. This information is used to maintain and improve the outcomes of medication therapy while minimizing any drug-related problems or adverse effects.		
7.20.11.25.K	The physician documents in the client record the indication for, response to and the potential and observed side effects of any prescription medication(s).		

\*\*Verification of correction needs to be submitted on or before the completion date directed to the Agency Liaison\*\*

Antia West  
Signature of Owner/Operator/Administrator  
Lyndee G. P.  
Liaison

Date 9/5/12  
Date 9/5/12

Additional Report to Follow:  
Yes ☒ No ☐ (Circle One)

Phone Number \_\_\_\_\_

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# CHILDREN, YOUTH, AND FAMILIES DEPARTMENT / LICENSING AND CERTIFICATION AUTHORITY

## Certification Report

Name of Agency Sequoiah Adolescent Treatment Center Date of Survey August 27 - September 5, 2012  
 Address of Agency 3405 W. Pan American Freeway NE Auburn WA 98007 Service: BMS CCSS DTS GHS TFC RTS/PRTF

REFERENCE TO REGULATIONS	DEFICIENCY	DIRECTED ACTION	EXPECTED DATE OF COMPLETION
CFR 483.354	A Psychiatric Residential Treatment Facility (PRTF) is a separate, stand alone entity providing a range of Comprehensive services to treat the psychiatric condition of residents on an inpatient basis under the direction of a physician	④ Sequoiah APTE will notify the LCA in writing regarding its policy and practice that demonstrates compliance with CFR requirements related to Physician directed care. • Sequoiah APTE will notify LCA no later than September 10, 2012 at 12:00 pm who will be the designated Medical Director for Sequoiah APTE. • Sequoiah APTE will submit to LCA specific and detailed procedures for compliance with identifying a "Treating" physician for current and future admissions	9/10/12
CFR 483.358(b)	If the residents treatment team physician is available, he or she can order restraint or seclusion. The "treating" physician is the physician who is responsible for the management and care of the resident.		9/12/12

\*\*Verification of correction needs to be submitted on or before the completion date directed to the Agency Liaison\*\*

Signature of Owner/Operator/Administrator Antia Westbrock Date 9/5/12  
 Signature of Liaison [Signature] Date 9/5/12

Additional Report to Follow:  
☒ Yes ☐ No (Circle One)

Phone Number \_\_\_\_\_

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CHILDREN, YOUTH, AND FAMILIES DEPARTMENT / LICENSING AND CERTIFICATION AUTHORITY  
Certification Report

Name of Agency: Sequoia Adolescent Treatment Center

Date of Survey: August 27 September 5, 2012

Address of Agency: 3405 W. San American Flwy 152 ARBU NM 87107

Service: BMS CCSS DTS GHS TFC RTS PRTE

REFERENCE TO REGULATIONS	DEFICIENCY	DIRECTED ACTION	EXPECTED DATE OF COMPLETION
CFR 483.358(g) 483.358(g)(1) 483.358(g)(2) 483.358(g)(3) 483.358(h)	<p>Each order for restraint and seclusion must include:</p> <ul style="list-style-type: none"> <li>The name of the ordering physician or other licensed practitioner permitted by the state and the facility to order restraint and seclusion;</li> <li>The date and time the order was obtained;</li> <li>The emergency safety intervention ordered including the length of time for which the physician or other licensed facility practitioner permitted by the state and the facility to order restraint or seclusion.</li> </ul> <p>Staff must document the intervention in the residents record. The documentation must be completed by the end of the shift in which the intervention occurs. Documentation includes:</p> <p>The emergency safety situation that required the resident to be restrained [ ]</p>	<p>Sequoia ARTC will document the administration of IM medications used as chemical restraints as required in the CFR. Additionally, ARTC will submit to LCA revised P+P's that demonstrate step by step compliance w/ Federal requirements for use of restraint and seclusion. No later than Friday September 14th at 12:00 p.m. P+P's will define what specific facility position will be made responsible for ensuring full compliance for each action.</p>	

\*\*Verification of correction needs to be submitted on or before the completion date directed to the Agency Liaison\*\*

Signature of Owner/Operator/Administrator  
[Signature]  
Liaison

Date 9/5/12

Date 9/5/12

Additional Report to Follow:  
Yes (X) No (Circle One)

Phone Number

408-251-1100

**CHILDREN, YOUTH, AND FAMILIES DEPARTMENT / LICENSING AND CERTIFICATION AUTHORITY**  
**Certification Report**

Name of Agency Sequoyah Adolescent Treatment Center Date of Survey August 27-September 5, 2012  
 Address of Agency 3405 W. PAN AMERICAN Fwy NE, ALBUQUERQUE NM 87107 Service: BMS CCSS DTS GHS TFC RTS RTS

REFERENCE TO REGULATIONS	DEFICIENCY	DIRECTED ACTION	EXPECTED DATE OF COMPLETION
7.20.11.16 A	Personnel are trained, supervised and in all respects qualified to perform the functions for which they are responsible.	Sequoyah ATRC will submit to the LCA the proposed staffing schedule covering the period September 5, 2012 Through September 30, 2012 for direct care staff, nursing and psychiatry. This staffing schedule will be submitted to LCA by 2:00 p.m. on Friday September 7, 2012. Additionally on each Monday morning by 11:00 A.M., beginning September 10, 2012, Sequoyah ATRC will submit to the LCA, the schedule reflecting any changes that occurred to the schedule for the previous week.	9/7/12
7.20.11.30 F16	The agency provides services, care and supervision at all times, including: Maintenance of a staff-to-client ratio appropriate to the level of care and needs of the client.		9/10/12

\*\*Verification of correction needs to be submitted on or before the completion date directed to the Agency Liaison\*\*

Antony W. Wilson 9/5/12  
 Signature of Owner/Operator/Administrator Date  
Lyndee G. [Signature] 9/5/12  
 Liaison Date

Additional Report to Follow:  
☒ Yes ☐ No (Circle One)

Phone Number \_\_\_\_\_

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# CHILDREN, YOUTH, AND FAMILIES DEPARTMENT / LICENSING AND CERTIFICATION AUTHORITY

## Certification Report

Name of Agency Sequoia Adolescent Treatment Center Date of Survey August 27, 2012 September 5, 2011  
 Address of Agency 3405 W. Pan American Freeway, NE Auburn, WA 97007 Service: BMS CCSS DTS GHS TFC RTs (PRTP)

REFERENCE TO REGULATIONS	DEFICIENCY	DIRECTED ACTION	EXPECTED DATE OF COMPLETION
NMSA	7.20.11.16 A 7.20.11.23.H.(2)(a)(b) 7.20.11.23.H 7.20.11.25.A 7.20.11.25.E 7.20.11.25.K 7.20.11.30.F(b)	⑦ Sequoia ATRC will submit to the LCA no later than September 14, 2012 at 12:00 pm a detailed work plan that addresses each of the deficiencies and Directed Action Items identified in this Certification Report of Acute findings. The work plan will define each corrective action intervention; time frame for initiation and completion; and individual responsible for each.	9/14/12
CFR	483.358(g) 483.358(g)(1) 483.358(g)(2) 483.358(g)(3) 483.358(h) 483.354 483.358(b)		

\*\*Verification of correction needs to be submitted on or before the completion date directed to the Agency Liaison\*\*

Signature of Owner/Operator/Administrator Andrea Westbrook Date 9/5/12  
 Signature of Agency Liaison Lyndee G. Lee Date 9/5/12  
 Phone Number \_\_\_\_\_

Additional Report to Follow:  
 Yes No (Circle One)